

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Reese Randolph Smith III :
Serial No.: 10/563,602 : Group No.: 3673
Filed: February 01, 2006 : Examiner: Mark A. Williams
For: LOCKING MECHANISMS :

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Request for Reconsideration in response to the Office Action dated October 20, 2008
(4 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

- (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u>X</u> first month	\$ 130.00	\$ 65.00
<u> </u> second month	\$ 490.00	\$ 245.00
<u> </u> third month	\$ 1,110.00	\$ 555.00
<u> </u> fourth month	\$1,730.00	\$ 865.00

— fifth month \$2,350.00 \$1,175.00

Fee: **\$130.00**

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

(b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
TOTAL INDEP.	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE OR	ADDITIONAL RATE FEE
	MINUS		=	x \$26.00 = \$	x \$52.00 = \$
	MINUS		=	x \$110.00 = \$	x \$220.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$195.00 = \$		+ \$390.00 = \$
			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$_____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

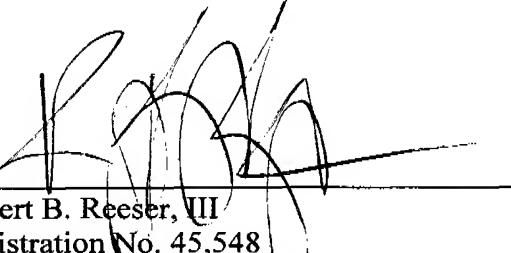
Charge Deposit Account No. 01-2384 the sum of **\$130.00**.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. Other:



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